Name in Full

11-5-I

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rowes — County: Howard Co.

Date of death 1904 — Month: Nov — Day: 16

Age — Years: 54 — Months — Days

Sex: Female — Color or Race: dark — Birthplace: Virginia

Occupation: Cook — Where Residing if not at place of death

Married, Single or Widowed: Widow — Name of Wife or Husband

Father's Name: William Anderson — Father's Birthplace

Mother's Maiden Name: don't know. — Mother's Birthplace

Name of person giving information: Son — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

(179)

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. [illegible] Jr

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Jacob Barnes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904: Month: Novbr. — Day: 22d. — Age: Years: 40 — Months: — — Days: —

Sex: Male — Color or Race: chesnut — Birthplace: Maryland

Married, Single or Widowed: married — Occupation: laborer

Name of Wife or Husband: Martha Barnes

Father's Name: dont Know — Father's Birthplace: dont Know

Mother's Maiden Name: dont Know — Mother's Birthplace: dont Know

Name of person giving Information: Charles Cumberland — How related to deceased: not related

166

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Kill'd by train — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Wallenhorst Coroner

Address: Ellicott City Md.

Accident or Suicide? accident

LIBRARY BUREAU A69516

Name in Full: Frances Amelia Bauman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elk Ridge — County: Howard

Date of death 1904: Month: Nov. — Day: 26

Age: Years: 49 — Months: 4 — Days:

Sex: Feminine — Color or Race: White

Birthplace: Elk Ridge

Married, ~~Single~~ or ~~Widowed~~: Married

Occupation: Housewife

Name of ~~Wife~~ Husband: O. Louis Bauman

Father's Name: Joseph Merryshaw

Father's Birthplace: Anne Arundel

Mother's Maiden Name: Sarah Snyder

Mother's Birthplace: Elk Ridge

Name of person giving In formation: Jennie Bauman

How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Rheumatoid Arthritis of knee joint

How long: 3 months

Immediate: Coalitis. Enteritis. Colitis with debility of heart-muscle

How long: 10 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Ind

Accident or Suicide? no

LIBRARY BUREAU A38516

Name In Full

Certificate of Death

Alexander George Black

Died at Town: Guilford County: Howard MARYLAND

Date 1904 Month: Nov. Day: 28 | Age Y.: 10 M.: 8 D.: 4 | Native of: Maine | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | Divorced / ~~Number of children living~~

Husband / Wife of

Father's Name: Wm Black

Mother's Maiden Name: Isabella Grant

Cause of Death — Primary: Enteric fever — How long sick: 5 weeks

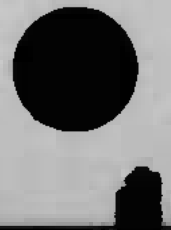
Immediate: Pericarditis — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: I. C. Keerans, M. D.

Address: Guilford Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Albert Bolonski

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clarksville — County: Howard

Date of death: Month: Nov — Day: 27 — 190 7

Age: Years: — Months: 7 — Days: —

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: Clarksville

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Antony Bolonski — Father's Birthplace: Germany

Mother's Maiden Name: Bridget Sullivan — Mother's Birthplace: Md

Name of person giving Information: S. A. Nichols M.D — How related to deceased: Physician

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hereditary Lues — How long: 4 Months

Immediate: Marasmus — How long: 2 Weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Nichols M.D

Address: Daysville Md. R. F. D.

Accident or Suicide?

LIBRARY BUREAU A0S316

Name in Full: John Looney Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lonaconing County: Howard

Date of death 1904: Month: November Day: 16th

Age: Years: — Months: — Days: 6

Sex: Male Color or Race: White Birthplace: Blairsville

Married, Single or Widowed: Son Occupation:

Name of Wife or Husband:

Father's Name: John Looney Father's Birthplace: Md.

Mother's Maiden Name: Mary Finch Mother's Birthplace: Md.

Name of person giving information: John Looney How related to deceased: Father

166

CAUSES OF DEATH

Primary: Contusion of Brain How long: 6 days

Immediate: Exhaustion from Exposure How long: 12 hours

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. P. Lewis

Address: Lonaconing

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Dorothea Day

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elmdg County: Kossard

Date of death: Month: Nov Day: 22 1904

Age: Years: — Months: 7 Days: —

Sex: Female Color or Race: White Birthplace: Maryland

Occupation: — Where Residing if not at place of death: Elmdg

Married, Single or Widowed: — Name or Wife or Husband: —

Father's Name: Clinton Day Father's Birthplace: Md

Mother's Maiden Name: Belle Foster Mother's Birthplace: Md

Name of person giving information: S. A. Nichols M.D. How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long: 2 1/2 days

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. A. Nichols M.D.

Address: Dayton Md Per. A

Accident or Suicide?

LIBRARY BUREAU A36016

Name in Full

Certificate of Death

Ethel J. Harman

Died at Town: Doughoregan County: Howard MARYLAND

Date 1904 Month: Nov Day: 6 | Age Y.: 9 M.: 5 D.: 26 | Native of: Md | ~~Occupation~~

~~Male~~ / Female | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: Ira Harman Mother's Maiden Name: Mary A. Brengle

Cause of Death — Primary: Typhoid Fever — How long sick: 6 weeks

Immediate: Systemic Exhaustion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Benj. F. Shipley M. D.

Address: Alpha Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Samuel H [illegible]

CERTIFICATE OF DEATH

Died at: Town: Westfriends Co: Howard. So MARYLAND

Date of death 1904	Month	Day	Years	Months	Days
	Nov	15th	Age 72	Nov	15th

Sex	Color or Race	Birthplace
Man	white	maryland

Occupation: farmer

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Susan

Father's Name:

Father's Birthplace: no

Mother's Maiden Name: Louia Kelly

Mother's Birthplace: no

Name of person giving Information:

How related to deceased: no

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexity — How long: sudden

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? white

Signature of Physician: [redacted]

Address: W M Webb

Burtonsville Howard Co Md

Accident or Suicide?

LIBRARY BUREAU A88D15

Information wanted
on card

Name in Full: Karl Donaldson Hobbs.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Ellicott City; County: Howard

Date of death: Month: Nov. Day: 13 1904

Age: Years: 11 Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: James E. Hobbs.

Father's Birthplace: Md.

Mother's Maiden Name: Susan R Hobbs

Mother's Birthplace: Md

Name of person giving information: James E Hobbs.

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup

How long attended child? [illegible]

Immediate: Exhaustion

How long [illegible] days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address [illegible]

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Elizabeth Hutchison

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elk Ridge — County: Howard

Date of death — Month: November — Day: 23 — 1904

Age — Years: 65 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Mother of Family — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: W. D. Hutchison

Father's Name: Henry Irwin — Father's Birthplace: Ireland.

Mother's Maiden Name: Margaret Moodlin — Mother's Birthplace: Ireland.

Name of person giving In formation: William Spainor — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Convulsions from Senoldisease — How long: a few minutes

Immediate: cause — How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Ellicott M.D.

Address: Elk Ridge Howard Co.

Accident or Suicide? No

LIBRARY BUREAU A88610

Name in Full: Eliza Ann Kindle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ilchester — County: Howard

Date of death: Month: Nov. — Day: 8 — Years: 76 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House Keeper — Where Residing if not at place of death: Ilchester

Married, Single or Widowed: Widowed — Name of Wife or Husband: dead

Father's Name: Michel Nicholas — Father's Birthplace: Maryland

Mother's Maiden Name: Matilda Nicholas — Mother's Birthplace: " "

Name of person giving In formation: 79 — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Disease of Heart — How long:

Immediate: Heart Failure — How long: Sudden

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. M. Bloomer M.D.

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Dora Kramer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904: Month: Nov. — Day: 6 — Age: Years: 33 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Germany.

Married, Single or Widowed: Married — Occupation: House Keeper

Name of Wife or Husband: Henery Kramer

Father's Name: dont know — Father's Birthplace: Germany

Mother's Maiden Name: " " — Mother's Birthplace: " "

Name of person giving information: Henry Kramer — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: about 3 weeks

Immediate: Hemorrhage & Peritonitis — How long: about one week

Are the name, age, sex, color, date and place correctly given above? as far as known

Signature of Physician: William E Hodges

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Lucinda Mills

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Guilford — County: Howard

Date of death: 1904 — Month: 11 — Day: 24

Age — Years: 74 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housekeeper — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jerry Mills — Father's Birthplace: Md

Mother's Maiden Name: Polly Beikett — Mother's Birthplace: Md

Name of person giving Information: A. A. Penny — How related to deceased: friend.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dr. Pneumonia & Age — How long: 1 year

Immediate: Exhaustion — How long: a few days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Linthicum M.D.

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A885 16

Name in Full: Mary O'Donnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Columbia; County: Howard

Date of death: Month: Nov; Day: 2; 1904

Age: Years: 80; Months; Days

Sex: Female

Color or Race: White

Birthplace: Tipperary Co Ireland

Occupation: House Keeper

Where Residing if not at place of death: Columbia

Married, Single or Widowed: Married

Name of Wife or Husband: William O'Donnell

Father's Name: Dennis O'Brien

Father's Birthplace: Tipperary Co Ire

Mother's Maiden Name: Norah O'Brien

Mother's Birthplace: " " "

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile degeneration

How long: One year

Immediate: Asthenia

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno M Bilson MD

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A5U615

Name in Full: Margaret Quinn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town — Ivory — County: Howard

Date of death: 1904 Month: Nov. Day: 5

Age: Years 70 Months — Days —

Sex: Female Color or Race: Colored Birthplace —

Occupation: House Work Where Residing if not at place of death: with Son.

Married, Single or Widowed: widow Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information — How related to deceased —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility How long: 3 weeks

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno W Ash MD

Address: West Friendship Howard Co Md

Accident or Suicide?

LIBRARY BUREAU A8901S

Name in Full

Certificate of Death

Philip T. Robey

Town: Alberton | County: Howard | MARYLAND

Died at

Date 1904	Month: Nov	Day: 30	Age: Y. 12 M. 2 D. 28	Native of: Va	Occupation: school

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~

Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name: Henry D. Robey

Mother's Maiden Name: Dora V. Lee

Cause of Death:

Primary: Valvular heart trouble — How long sick: 3 months

Immediate: Dropsy

~~Accident, Suicide, Homicide~~

Reported by: J. Posey Waltemeyer M.D.

Address: Alberton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sister Rose

LIBRARY BUREAU, 79888

Name in Full: Thomas Rowe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Guilford — County: Howard

Date of death 1904: Month: November — Day: 17 — Age: Years: 93 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: England

Married, Single or Widowed: Widower — Occupation:

Name of Wife or Husband:

Father's Name: [illegible] — Father's Birthplace: England

Mother's Maiden Name: — — — Mother's Birthplace: " "

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile debility — How long: —

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. P. Hammond

Address: Jessup, Md.

Accident or Suicide? No

LIBRARY BUREAU A83318

Name in Full: Minnie Snell

Died at: Town: Ellicott City — County: Howard Co.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month 1904 Nov. Day 26. Age: Years 21 Months — Days —

Sex: Female — Color or Race: Black. — Birthplace: Colored

Occupation: House-work — Where Residing if not at place of death: At Place of death.

Married, Single or Widowed: Married — Name of Wife or Husband: Geo. Howard

Father's Name: James Snell — Father's Birthplace: Howard Co

Mother's Maiden Name: Anne Beal. — Mother's Birthplace: Prince Geo Co.

Name of person giving Information: James Snell — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 2 years.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. F. Ryan

Address: Laurel Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Elizabeth Streaker

Died at Town: Jonestown County: Howard MARYLAND

Date 1904 Month: Nov Day: 16 | Age Y.: 23 M.: 6 D.: | Native of: Md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living: 1

Husband of Wife: J. E. Streaker

Father's Name: August Bosse Mother's Maiden Name: Katherine Smith

Cause of Death: Primary: Typhoid Fever | How long sick: 5 Weeks

Immediate: Congestive Chill | ~~Accident, Suicide, Homicide~~

Reported by: Jassy Wallemeyer, M. D.

Address: Jonestown Sleberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Samuel R. Ulz H 5 H

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: West Friendship; County: Howard

Date of death: Month: 1904 Nov. 16; Day: 16; Age: Years: 72; Months: —; Days: —

Sex: male; Color or Race: White; Birthplace: Maryland

Occupation: Farmer; Where Residing if not at place of death: West Friendship

Married, Single or Widowed: Married; Name of Wife or Husband: ~~Samuel R Ulz~~

Father's Name: Unknown; Father's Birthplace:

Mother's Maiden Name: Louisa Kelly; Mother's Birthplace:

Name of person giving In formation: ; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy; How long:

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [redacted] Address: W H Hebb M D

Accident or Suicide?

LIBRARY BUREAU A83816

Name in Full: Mary E. Ward

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Savage — County: Howard

Date of death 1904 — Month: 11 — Day: 21 — Age: Years 70 — Months 8 — Days 29

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Retired — Where Residing if not at place of death: L. P. Faulkner

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Ward — Father's Birthplace: Ireland

Mother's Maiden Name: Margery McMullen — Mother's Birthplace: Ireland

Name of person giving information: Eliza C. Ward — How related to deceased: Sister-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 5 days

Immediate: Heart Failure — How long: One hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. L. Smithcamp M.D.

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU

Name in Full: Martha Wright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City; County: Howard; Jail

Date of death 1904: Month: Nov; Day: 5

Age: Years: about 55 yrs; Months: —; Days: —

Sex: Female

Color or Race: Negress

Birthplace: not known

Married, Single or Widowed: widow

Occupation: Cook

Name of Wife or Husband: Dont know

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Mrs Susan Hobbs

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthesis — How long: dont know

Immediate: Hemmorhage Pulmonary — How long: —

Are the name, age, sex, color, date and place correctly given above? as far as known

Signature of Physician: William E Hodges

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88516